



2-10-04

Image 2851

PTO/SB/83 (09-03)  
Approved for use through 11/30/2005. OMB 0651-0035  
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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	09/899,647
Filing Date	7/6/01
First Named Inventor	Browning
Art Unit	2831
Examiner Name	Oliva
Attorney Docket Number	L3-007

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application ~~XXXXX~~

☒ all the attorneys/agents of record.

☒ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Taking time off from practice.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Mr. Frank Doran				
Address	L3 Communications Aviation Recorders				
Address	6000 Fruitville Road				
City	Sarasota	State	FL	Zip	34232
Country	USA				
Telephone	941-371-0811			Fax	
Name	Joseph J. Kaliko				
Signature				Registration No.	27,995
Date	2/9/04			Telephone No.	203-359-4370

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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2-10-04

Image 6871

PTO/SB/122 (06-03)

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Application Number	09/899,647
Filing Date	7/6/01
First Named Inventor	Browning
Art Unit	2831
Examiner Name	Oliva
Attorney Docket Number	L3-007

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Mr. Frank Doran

Address

L3 Communications Aviation Recorders

Address

6000 Fruitville Road

City

Sarasota

State

FL

Zip

34232

Country

USA

Telephone

941-371-0811

Fax

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I am the:

☐ Applicant/Inventor☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☒ Attorney or Agent of record. Registration Number 27,995☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_Typed or Printed  
Name

Joseph J. Kalanko

Signature

Date

2/9/04

Telephone

203-359-4370

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PTO/SB/122 (09-03)

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**CHANGE OF  
CORRESPONDENCE ADDRESS  
Application**Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450.

Application Number	09/829,157
Filing Date	04/09/2001
First Named Inventor	Daniel J. Cook
Art Unit	3761
Examiner Name	Erezo, Darwin P.
Attorney Docket Number	COOK 8713 C1

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).☒ Attorney or Agent of record. Registration Number 46,831☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration NumberTyped or Printed  
Name

Anaji K. Amos

Signature

Anaji K. Amos

Date

10/21/2003

Telephone

314-872-8118

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3761

PTO/SB/21 (03-03)

Approved for use through 04/30/2003. OMB 0651-0031  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/829,157
	Filing Date	09 April 2001
	First Named Inventor	Cook, Daniel J.
	Art Unit	3761
	Examiner Name	Aaron J. Lewis
Total Number of Pages in This Submission	Attorney Docket Number	COOK 8713C1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

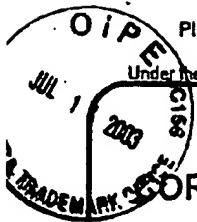
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Ahaji K. Amos (46,831)
Signature	<i>Ahaji K. Amos</i>
Date	July 28, 2003

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>7-28-03</u>	
Typed or printed	<i>Ahaji K. Amos</i>
Signature	<i>Ahaji K. Amos</i>
Date	7-28-03

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PTO/SB/122 (10-00)  
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# CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Application Number	10/27/679
Filing Date	10/15/02
First Named Inventor	Ted Lagarde
Group Art Unit	
Examiner Name	
Attorney Docket Number	434-002

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John G. Chupa

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Law Offices of John Chupa & Associates, P.C.

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☐

Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒

Attorney or Agent of record.

☐

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number .....

Typed or Printed  
Name

John G. Chupa

Signature

Date

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